

SCC eFile

2012 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

212534450

1.) CORPORATION NAME:

GLSEN, Inc.

DUE DATE: **10/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC
4001 North Ninth Street, Suite 227
ARLINGTON, VA 22203**

SCC ID NO: **F1398793**

5.) STOCK INFORMATION

CLASS AUTHORIZED

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ARLINGTON COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

MA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 90 BROAD STREET
2ND FL

CITY/ST/ZIP: NEW YORK, NY 10004

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: ELIZA BYRD OFFICER DIRECTOR
TITLE: PRESIDENT
ADDRESS: 90 BROAD ST
2ND FL
CITY/ST/ZIP/CO: NEW YORK, NY 10004

NAME: MICHAEL MANTHEI OFFICER DIRECTOR
TITLE: SECRETARY
ADDRESS: 53 CHANDLER STREET
CITY/ST/ZIP/CO: BOSTON, MA 02116

NAME: DOUG FLORES OFFICER DIRECTOR
TITLE: ASST TREAS
ADDRESS: 90 BROAD STREET
2ND FL
CITY/ST/ZIP/CO: NEW YORK, NY 10004

NAME: KEITH POWELL OFFICER DIRECTOR
TITLE: TREASURER
ADDRESS: 2867 RASTRO LANE
CITY/ST/ZIP/CO: CONCORD, CA 94518

NAME: GAIL LOPES OFFICER DIRECTOR
TITLE: CO-CHAIR
ADDRESS: 79-370 CENTRINO
CITY/ST/ZIP/CO: LA QUINTA, CA 92253

NAME: RYAN PEDLOW OFFICER DIRECTOR
TITLE: CO-CHAIR
ADDRESS: 166 PERRY STREET
CITY/ST/ZIP/CO: NEW YORK, NY 10014

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MADDIE ADELMAN DIRECTOR 2026 N. 12TH STREET PHEONIX, AZ 85006	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CINDY ARMINE DIRECTOR 65 MONTAGUE STREET BROOKLYN, NY 11201	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KEVIN BROCKMAN DIRECTOR 500 SOUTH BUENA VISTA ST BURBANK, CA 91521-4581	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KAREN BROWN DIRECTOR 1 BAXTER PARKWAY DEERFIELD, IL 60015	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BARBARA FRANKEL DIRECTOR 44 ELEANOR DRIVE KENDALL PARK, NJ 08824	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID HUEBNER DIRECTOR 1000 HILLTOP CIRCLE BALTIMORE, MD 21250	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID HUEBNER DIRECTOR 1304 FEDERAL HEIGHTS DRIVE SALT LAKE CITY, UT 84103	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARY JANE KARGER DIRECTOR 320 BIRDSALL DRIVE YORKTOWN HEIGHTS, NY 10598	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL LOMBARDO DIRECTOR 2500 BROADWAY SANTA MONICA, CA 90404	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICK MORAN DIRECTOR 441 CARNATION AVENUE CORONA DEL MAR, CA 92625	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFFREY QUINN DIRECTOR 707 WILSHIRE BLVD. LOS ANGELES, CA 90017	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME:	KIMBERLY REED	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	17 AVENUE OF THE AMERICAS		
CITY/ST/ZIP/CO:	NEW YORK, NY 10013		
NAME:	STEVE SALEE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	588 WEST END AVENUE		
CITY/ST/ZIP/CO:	NEW YORK, NY 10024		
NAME:	MICHELLE SCALES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	24 CORTE MATEO		
CITY/ST/ZIP/CO:	MORAGA, CA 94556		
NAME:	CHRIS SHYER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8 SLATER STREET		
CITY/ST/ZIP/CO:	PORT CHESTER, NY 10573		
NAME:	TALIA STEIN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	90 BROAD STREET, 2ND FLOOR		
CITY/ST/ZIP/CO:	NEW YORK, NY 10004		
NAME:	TIMOTHY A.A. STILES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	345 PARK AVENUE, SUITE 3800		
CITY/ST/ZIP/CO:	NEW YORK, NY 10154		
NAME:	CHIP SULLIVAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	100 UNIVERSAL CITY PLAZA		
CITY/ST/ZIP/CO:	UNIVERSAL CITY, CA 91608		
NAME:	TONY TENICELA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	425 MARKET STREET,		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105		
NAME:	SIRDEANER WALKER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	140 WILBRAHAM AVENUE		
CITY/ST/ZIP/CO:	SPRINGFIELD, MA 01109		
NAME:	JOHN I. WILSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5007 DUNWOODY TRAIL		
CITY/ST/ZIP/CO:	RALEIGH, NC 27606		
NAME:	CHELY WRIGHT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	567 RALPH MCGILL BLVD.		
CITY/ST/ZIP/CO:	ATLANTA, GA 30312		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ DOUG FLORES	DOUG FLORES, ASST TREAS	9/6/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		